

COMMUNITY RIGHT TO KNOW SURVEY FOR 2004

For State and Federal Community Right to Know Reporting

Please type or print legibly.

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

01035800000 325110
Macho Corporation
Attn: Joseph M. Bright
55 Blue Street
Anytown, NJ 07701

A Facility Location - Street, City, State, Zip and County
MUST BE PROVIDED

227654324 0906

55 Blue Street
Anytown, NJ 07701
County: Any County

Please indicate the reason for changing this information
☐ this facility moved ☐ additional facility
☐ correction to existing location

See instructions if information on these forms is incorrect.

B Does this facility Produce, Store or Use Environmental Hazardous Substances on Table A in a pure or mixture state: Darken either yes or no box 1. in any quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. above thresholds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		D Number of employees at facility 35 E. Number of facilities in New Jersey 1 F Federal EIN 22-7654324 Please verify	
C Briefly describe the current operations or business conducted at this facility: Manufacture Machine Parts		G If you are claiming an R&D lab exemption for this facility, enter your approval number.	
H Check box if you have reported any substances pursuant to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III) <input checked="" type="checkbox"/>			
I FACILITY EMERGENCY CONTACT Name James Barnes Title Environmental Affairs Facility Phone Number (201) 555-7000 Emergency Contact Phone Number (201) 555-7000			
J CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE - I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. Signature <u>Joseph M. Bright</u> Date <u>2/16/2005</u> Fax # <u>(201) 555-7100</u> Name <u>Joseph M. Bright</u> Title <u>President</u> Phone # <u>(201) 555-7000</u>			
K UNION REPRESENTATIVE Union Name/Local # <u>Workers/1041</u> Email <u>Smith@workers.com</u> Name <u>John Smith</u> Phone # <u>(555) 555-1234</u>			

RETURN SIGNED ORIGINAL TO:

NJDEP
Office of Pollution Prevention &
Right To Know
PO Box 405
Trenton, NJ 08625-0405

You are required to send copies of this survey to the agencies listed on Page 23 of the instruction guide. You must also keep a copy at your facility.

0103580000
Macho Corporation
55 Blue Street, Anytown

0906

PART 2
2004 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 2004

Please type or print legibly.
Photocopy this page if you need additional forms.
Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Cadmium Sulfide</u>		<input type="checkbox"/> Fire	Container Type <u>DP</u>
Substance Number: <u>2199</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>N078</u>		<input type="checkbox"/> Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>2570</u> <input type="radio"/> EPCRA Only		<input checked="" type="checkbox"/> Acute health effects	Days on site <u>366</u>
Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Check one <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas		<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="radio"/> (Check if claiming)		Location(s) <u>Rear of Building</u>	
Name: <u>Chlorine</u>		<input type="checkbox"/> Fire	Container Type <u>CY</u>
Substance Number: <u>0367</u>		<input checked="" type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>7782-50-5</u>		<input checked="" type="checkbox"/> Reactive	Avg. daily inventory <u>11</u>
DOT Number: <u>1017</u> <input type="radio"/> EPCRA Only		<input checked="" type="checkbox"/> Acute health effects	Days on site <u>366</u>
Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>02</u>
Check one <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas		<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="radio"/> (Check if claiming)		Location(s) <u>Right Front of Wall</u>	
Name: <u>Sodium Hydroxide</u>		<input type="checkbox"/> Fire	Container Type <u>BC</u>
Substance Number: <u>--</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>17</u>
CAS Number: <u>1310-73-2</u>		<input checked="" type="checkbox"/> Reactive	Avg. daily inventory <u>16</u>
DOT Number: <u>1823</u> <input type="radio"/> EPCRA Only		<input checked="" type="checkbox"/> Acute health effects	Days on site <u>366</u>
Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture		<input type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Check one <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas		<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="radio"/> (Check if claiming)		Location(s) <u>Left Front Wall</u>	
Name: <u>Lead</u>		<input type="checkbox"/> Fire	Container Type <u>OT (Battery)</u>
Substance Number: <u>1096</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>7439-92-1</u>		<input type="checkbox"/> Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>--</u> <input type="radio"/> EPCRA Only		<input checked="" type="checkbox"/> Acute health effects	Days on site <u>366</u>
Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Check one <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas		<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="radio"/> (Check if claiming)		Location(s) <u>Facility Wide/Forklift</u>	
Name: <u>Samples of Reported Substance</u>		<input type="checkbox"/> Fire	Container Type <u>BC</u>
Substance Number: <u>3628</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>09</u>
CAS Number: <u>--</u>		<input type="checkbox"/> Reactive	Avg. daily inventory <u>09</u>
DOT Number: <u>--</u> <input type="radio"/> EPCRA Only		<input type="checkbox"/> Acute health effects	Days on site <u>366</u>
Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture		<input type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas		<input checked="" type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="radio"/> (Check if claiming)		Location(s) <u>Q.A.Lab - 2nd Floor</u>	
CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank BA Bag		20 Greater than 10 million pounds	Pressure
TB Below ground tank BX Box		19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building CY Cylinder		18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum BG Bottles or jugs (glass)		17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum BP Bottles or jugs (plastic)		16 100,001 to 250,000 pounds	Temperature
DF Fiber drum BN Tote bin		15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can TW Tank Wagon		14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy RC Railcar		13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo OT Other (describe)		12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
		11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
		10 1 to 10 pounds	
		09 Less than 1 pound	
		¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.	